4695 N M37 Hwy, Suite D, Middleville, MI 49333
phone: 269-205-2366 ◆ fax: 269-205-2728
e-mail: admin@striving2thriving.com
website: striving2thriving.com

Authorization for Scheduling, Billing and Payment Purposes

This form, when completed and signed by you, authorizes the person(s) whom you have indicated below to contact us on your behalf for scheduling, billing and payment purposes only.

I authorize _____

Please indicate your relationship with this person:

☐ Spouse ☐ Significant other ☐ Parent/Guardian ☐ Other: _____

I authorize _____

Please indicate your relationship with this person:

☐ Spouse ☐ Significant other ☐ Parent/Guardian ☐ Other: _____

I authorize _____

Please indicate your relationship with this person:

☐ Spouse ☐ Significant other ☐ Parent/Guardian ☐ Other: _____

- This authorization will expire once the purpose of this disclosure ceases to exist, but no later than one year from the original date of signing.
- I understand that I have the right to revoke this authorization at any time by giving spoken or written notification to Striving2Thriving.

_____ _____
Client Name / Signature Date Signed

_____ _____
Name / Signature of Person responsible for payment (If other than client) Phone number